

**EL PASO POLICE DEPARTMENT  
YOUTH POLICE ACADEMY  
APPLICATION FOR ENROLLMENT**

**APPLICANT MUST BE BETWEEN 13 and 18 YEARS OF AGE TO APPLY. PLEASE BE SURE TO COMPLETE THE ENTIRE APPLICATION. PLEASE PRINT LEGIBLY.**

**REGIONAL COMMANDS, DO NOT DELAY – PLEASE FORWARD TO PDHQ ATTENTION PIO.**

**Indicate which session you would like to attend:**

Sessions: June 12-16, 2017 Mission Valley Regional Command \_\_\_\_

July 17-21, 2017 Westside Regional Command \_\_\_\_

**SCHOOL**

Name of School: \_\_\_\_\_ Grade/Classification: \_\_\_\_\_

G.P.A.: \_\_\_\_\_ School Counselor or Teacher: \_\_\_\_\_

**A. PERSONAL**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Mi.: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth(mm/dd/yyyy): \_\_\_\_\_ Home Phone: \_\_\_\_\_

Other phone: \_\_\_\_\_ SSN last 4#: \_\_\_\_\_

Texas Drivers License or I.D. #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

1a) Have you ever been closely associated with persons who have been involved in gang-like or other criminal activity? Yes: \_\_\_\_\_ No: \_\_\_\_\_ (If yes, please explain on the back)

2a) Are you employed? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes where:

Business: \_\_\_\_\_ Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

3a) Are you willing to abide by a dress code? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Please explain why you want to attend the Youth Police Academy:

---

---

---

---

---

## **B. CONTACT INFORMATION**

Mother/Father \_\_\_\_\_

Home address: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone: Home and Cell: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone: Home and Cell: \_\_\_\_\_

*I understand that all information regarding my personal history will be used for the purpose of determining eligibility into the Youth Academy. I also understand that if I checked yes to question 1a, I am not automatically disqualified from participation with the Youth Police Academy. I certify that the information on this application is true and correct to the best of my knowledge and I understand that any false statement could lead to my/my child's dismissal from the Youth Police Academy.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

# **El Paso Police Department**

## **Youth Police Academy Program**

### WAIVER OF LIABILITY, RELEASE AND HOLD HARMLESS AGREEMENT

KNOW ALL MEN BY THESE PRESENTS:

THAT I, \_\_\_\_\_ the parent/legal guardian (if  
student is

(Parent's Name)

younger than 18) of \_\_\_\_\_,

(Student's Name)

THAT I, (if student is 18 or older)

\_\_\_\_\_,  
(Student's Name)

for and in the sole consideration of the privilege of being a participant in the Youth Police Academy of the City of El Paso, and being allowed use of City of El Paso property, equipment and service, do hereby agree to assume the risks attendant to all activities associated with participation in the Youth Police Academy of the City of El Paso, including but not limited to: property damage and/or personal injury collisions on either public streets or private property; property damage and/or personal injury to me as a result of the acts of others associated with any and all Youth Police Academy activities; property damage and/or personal injury to City of El Paso property or employees or any third persons resulting from Youth Police Academy activities; property damage and/or personal injury to me resulting from the acts of third parties whether caused by errors, omissions or negligent acts of said third parties or myself; property damage and/or personal injury to me resulting from my own errors, omissions or negligent acts; property damage and/or personal injury to others resulting from my own errors, omissions or negligent acts.

I hereby waive all claims, release, defend and hold harmless the City of El Paso and all of its officials, officers, agents, employees in both their public and private capacities, from any and all liability, claims suits, demands, expenses of litigation, or causes of action which may arise by reason of injury/death to persons or loss of, damage to, or loss of use of any property occasioned by error, omission, or negligent act of myself or any other persons with regard to their Agreement and I will at my own cost and expense defend and protect the City of El Paso against any and all such claims and demands.

It is further agreed that the execution of this "Waiver of Liability, Release and Hold Harmless Agreement" will not constitute a waiver by the City of El Paso of the defense of governmental immunity where applicable, or any other defense recognized by the courts of the State of Texas.

This "Waiver of Liability, Release and Hold Harmless Agreement" shall be binding upon me, my heirs and assigns.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

THE STATE OF TEXAS     )  
COUNTY OF EL PASO     )

BEFORE ME, the undersigned authority, on this day personally appeared \_\_\_\_\_, known to me to be the person whose signature appears above and by me being duly sworn on oath says that he executed the above waiver for the purposes therein expressed.

Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for  
El Paso County, Texas